

O.K. 1-15-16

CAMPAIGN FINANCE REPORT LOCAL COMMITTEES OF WISCONSIN

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF JULIA ARATA FRATTA

Street Address

2911 MELISSA CIRCLE

City, State and Zip Code

FITCHBURG WI 53711

City of Fitchburg

JAN 14 2016

Received

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special
☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ 79.00

\$ 7,391.64

1B. Contributions from Committees (Transfers-In)

\$ 0.00

\$ 400.00

1C. Other Income and Commercial Loans

\$ 0.00

\$ 0.00

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ 79.00

\$ 7,491.64

2. DISBURSEMENTS

2A. Gross Expenditures

\$ 0.00

\$ 6,411.84

2B. Contributions to Committees (Transfers-Out)

\$ 0.00

\$

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ 0.00

\$ 6,411.84

CASH SUMMARY

Cash Balance Beginning of Report

\$ 1,100.78

Total Receipts

\$ 79.00

Subtotal

\$ 1,179.78

Total Disbursements

\$ 0.00

CASH BALANCE END OF REPORT

\$ 1,179.78

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ 0.00

LOANS (Balance at the Close of This Period-3B)

\$ 0.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

JULIA ARATA FRATTA

Signature of Candidate or Treasurer

[Handwritten Signature]

Date: 01/14/16

Daytime Phone: (608) 698-6258

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

RECEIPTS
Contributions (Including Loans) From Individuals

Complete Committee Name

Friends of Julia Arak-Frank

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
09/30/15	Julia Arak-Frank 2911 Melissa Dr Ft. Lauderdale, FL 33311		79 ✓	79
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name: _____ Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name: _____ Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
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/ /	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Full Name, Mailing Address and Zip Code	Conduit Name: _____ Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total

SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE

\$ 79 ✓

TOTAL ITEMIZED CONTRIBUTIONS

\$ 0

TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS

\$

TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS

\$ 79 ✓

SCHEDULE 2-A
DISBURSEMENTS
Gross Expenditures

 Page 1 of 1

Complete Committee Name

Friends of Julia Arak-Falta

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Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input checked="" type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		
Date / /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
	Check if: <input type="checkbox"/> In-Kind Offset		

SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE

 \$ 0
TOTAL ITEMIZED EXPENDITURES

 \$ 0
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS

 \$ 0
TOTAL EXPENDITURES

 \$ 0